12-07-01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE TRANSMITTAL

Attorney Docket No.: P-10110.00 Express Mail No.: EL799066565US

First Named Inventor or Application Identifier: Swoyer et al.

Title: IMPLANTABLE MEDICAL ELECTRICAL STIMULATION LEAD FIXATION METHOD AND APPARATUS

CERTIFICATE UNDER 37 CFR SECTION 1.10 I hereby certify that the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope address "EXPRESS MAL addressed to Box Patent Application, Commissioner of Patents and Trademarks, Washington, D.C. 20231, on this Children and Trademarks, Washington, D.C. 20231.

Teresa Morgan Printed Name

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BOX PATENT APPLICATION

Director of Patents and Trademarks Washington, D.C. 20231

Sir:

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We are transmitting the following:

- X Patent Application Transmittal (in duplicate)
- X Specification: Total Pages: 30 (specification 20 sheets; claims 9 sheets; abstract 1 sheet)
- X 8 Sheets of Formal Drawings
- X Signed Combined Declaration and Power of Attorney:
- X Recordation Form Cover Sheet and Assignment
- X Information Disclosure Statement, PTO Form SB/08A, Copies of Cited References
- X Return postcard
- X This application claims the benefit of U.S. Provisional Application(s) Serial No. 60/316,582, filed August 31, 2001.
- X Address all future correspondence to:

Stephen W. Bauer

Attorney Reg. No. 32,192

Medtronic, Inc.

710 Medtronic Parkway, MS: LC340 Minneapolis, MN 55432-5604 Telephone: (763) 505-0422

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FEE CALCULATION

	No. Of Claims Filed	Claims Included in Base Fee	No. Of Extra Claims	Rate	Fee
Total Claims	36	20 =	16	x \$ 18	\$283,00
Independent Claims	5	3 =	2	x \$84	\$163.60
Multiple Dependent Claim(s)		0 =		+ \$ 280	
Basic Filing Fee			0		\$740.00
				TOTAL	\$1,196.00

- ∑ Charge Deposit Account No. 13-2546 the sum of \$740.00 (Filing Fee), \$456.00 for extra claims fees, and \$40.00 for Assignment recordation fee for a total of \$1,236.00.
- X The Commissioner is hereby authorized to charge any fees, which may be required under 37 CFR 1 16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

Stephen W Bauer

Attorney Reg. No. 32,192

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